## **BEST AVAILABLE COPY**

							Application or Docket Number										
PATENT APPLICATION FEE DETERMINATION RECOF Effective December 29, 1999								09	16	676	89						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ENTITY	OR	OTHER SMALL E							
FO	R	NUMBE	NUMBER FILED NUMBER EXTRA			RAT	E	FEE	] [	RATE	FEE						
BAS	SIC FEE						**	345.00	OR		690.00						
TO	TAL CLAIMS	18	18 minus 20= *			X\$ 9	)=		OR	X\$18=							
IND	EPENDENT CL	AIMS 2	2 minus 3 = *			X39:	=		OR	X78=	· ·						
MULTIPLE DEPENDENT CLAIM PRESENT						+130	)=		OR	+260=							
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA			1	TOTAL	690						
CLAIMS AS AMENDED - PART II										OTHER							
				(Column 2)	(Column 3)	SMA	LL I	ENTITY	OR	SMALL							
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE						
POM	Total	*	Minus	**	=	X\$ 9	)=		OR	X\$18=							
ME	Independent	*	Minus	***	=	X39:	=		OR	X78=							
7	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT CLAIM		+130	)=		OR	+260=							
						TO	TAL			TOTAL ADDIT, FEE							
		(Column 3)	ADDIT. F	rEE	<u> </u>		ADDII. FEEL										
AT B		(Column 1) CLAIMS REMAINING AFTER		(Column 2) HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL		RATE	ADDI- TIONAL						
DMENT	T-1-1	AMENDMENT	Minus	PAID FOR	<del>                                     </del>	V/ ^	<u> </u>	FEE		X\$18=	FEE						
AMEND	Total Independent	*	Minus Minus	**	=	X\$ 9			OR		<u> </u>						
AM				PENDENT CLAIM		X39	'= 		OR	X78=							
<u> </u>			- <del></del> .			+130	)=	L_	OR	+260=							
				·		TO ADDIT. I	TAL FEE		OR	TOTAL ADDIT. FEE							
	(Column 1) (Column 2) (Column 3)						_		_	· .							
ENT C		CLAIMS REMAINING AFTER AMENDMEN!T		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE						
AMENDMENT	Total	*	Minus	**	=	X\$ 9	)= ·		OR	X\$18=	L						
ME	Independent	*	Minus	***	=	X39	) <del>=</del>	·	OR	X78=							
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					. 400	<u> </u>	<b> </b>	1 .	+260=							
	If the entry in only	mn 1 is less than t	he entry in colu	ımn 2, write "0" in a	olumn 3.	+130		<u> </u>	OR	+260=	<del> </del>						
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE																
	The "Highest Nun	nber Previously Pa	id For" (Total o	r Independent) is th	e highest number fo	ound in th	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										